



686 East Mill Street
San Bernardino, CA 92415-0034
Business: (909) 386-5014 • TTY: (909) 891-9135
Toll Free: (866) 985-6322 • Fax: (909) 891-9130

Dear Applicant,

Thank you for your interest in the San Bernardino County In-Home Supportive Services (IHSS) Public Authority. Enclosed you will find the following:

- ☐ Application
- ☐ Reference letter criteria

If you would like to be considered to be a Public Authority provider, you must meet the following requirements:

- ☐ Have at least 6 months of home care experience
- ☐ Be fluent in English
- ☐ Have 2 good references – **1 Professional Letter** (***Please note:** If you have worked for an IHSS client within the past 7yrs or are currently working for an IHSS client you **DO NOT** need to attach a Professional Reference Letter. However you **MUST** complete the reference section on the application and state the IHSS client's names that you have or are currently working for.)
1 personal (No relatives or people that live with you) attached is a summary of what needs to be included on the Letters.
- ☐ Pass a screening interview (dress interview appropriate)
- ☐ Present current CA ID/Driver's License
- ☐ Be fingerprinted and pass a criminal background investigation by the Department of Justice. **Changes in State law require for you to pay the cost for fingerprint submission.**
- ☐ Attend an Information Session with the Public Authority
- ☐ Adult and Child CPR/First Aid training may be required to complete in the future.

Make sure to answer all the questions. Not answering some questions may result in not processing your application. **Remember to sign and date your application.**

Once you complete all steps above, we will mail you a letter to inform you that you are now a **Public Authority Registry Provider** and that we will begin to refer you to IHSS clients for interviews.

Sincerely,

Registry Services

IHSS Public Authority



❖ **Please note:** If you have worked for an IHSS client within the past 7yrs or currently working for an IHSS client you **DO NOT** need to attach a Professional Reference Letter. (Please include the IHSS client's information in the **Home Care Experience section #5** on your application and make a note: IHSS Client)

PROFESSIONAL REFERENCE LETTER MUST BE IN A LETTER FORMAT

Professional Reference letters must include the following information:

- ◆ Name of the IHSS Client, private client, family member, etc
- ◆ Address
- ◆ Phone Number
- ◆ How long the applicant worked for this client, specify dates.
- ◆ What services was the applicant providing for the client.
- ◆ Signature (client) and date

PERSONAL REFERENCE LETTER MUST BE IN A LETTER FORMAT

Personal References Cannot be from family members or anyone residing in your home and must include the following information:

- ◆ Name
- ◆ Address
- ◆ Phone Number
- ◆ How long has this person known the applicant.
- ◆ Relationship to the applicant, (Friend, Former boss, Teacher, Co-worker, etc.).
- ◆ Signature (reference person) and date

(Please make sure that reference letters are legible.)



San Bernardino County
In-Home Supportive Services
IHSS Provider Screening Guide

Public Authority
Provider Registry Application
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Toll Free (866) 985-6322 • Fax (909) 891-9130



Provider Name _____ Date _____

Address _____ City _____ Zip _____

Mailing Address (if different) _____

Social Security No. _____ Driver's License No _____ State _____ Exp. Date _____

Home Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact Name _____ Phone (_____) _____

E-mail address _____

1. Gender: ☐ Male ☐ Female

Date of Birth _____

2. Are you a United States Citizen over the age of 18? ☐ Yes ☐ No

If no, are you a Legal Alien authorized to work in the United States: ☐ Yes ☐ No

3. What languages do you speak? ☐ English ☐ Speak ☐ Read ☐ Write
☐ Spanish ☐ Speak ☐ Read ☐ Write
☐ Other _____ ☐ Speak ☐ Read ☐ Write

4. Are you currently working with an IHSS client?

If so, please provide client's name _____

5. Current or Most Recent Home Care Experience/Work Experience

Client/Employer:	From: (Month/Year)	Phone: ()	Office Use Only <input type="checkbox"/> Verified <input type="checkbox"/> Letters Received Initials: _____
Job Title:	To: (Month/Year)		
Address:	City:	State:	Zip:
Duties:		Reason for Leaving:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Are you willing to work for men, women, or both? ☐ Men ☐ Women ☐ Both

7. Do you have experience working with:

Infectious Diseases.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental Illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Developmental Disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. Please let us know what skills you feel comfortable performing in a client's home. (Please check ✓ all boxes that apply, these are based on approved tasks by IHSS.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Accompaniment to Alternate Resources (TT) | <input type="checkbox"/> Teaching Demonstration (XX) | <input type="checkbox"/> Protective Supervision (WW) |
| <input type="checkbox"/> Ambulation (NN) | <input type="checkbox"/> Meal Clean-Up (CC) | <input type="checkbox"/> Rubbing Skin/Repositioning (QQ) |
| <input type="checkbox"/> Bathing/Oral Hygiene/Grooming (PP) | <input type="checkbox"/> Medical Appointments (SS) | <input type="checkbox"/> Remove Ice/Snow* (VV) |
| <input type="checkbox"/> Bowel & Bladder Care (II) | <input type="checkbox"/> Menstrual Care (MM) | <input type="checkbox"/> Respiration (HH) |
| <input type="checkbox"/> Care & Assistance with Prosthesis (RR)
(Includes assistance with medication, etc.) | <input type="checkbox"/> Moving In/Out of Bed (OO) | <input type="checkbox"/> Routine Bed Baths (KK) |
| <input type="checkbox"/> Dressing (LL) | <input type="checkbox"/> Other Shopping Errands (FF) | <input type="checkbox"/> Routine Laundry (DD) |
| <input type="checkbox"/> Feeding (JJ) | <input type="checkbox"/> Paramedical Services* (YY)
(e.g. insulin, enemas, etc.) | <input type="checkbox"/> Shopping for Food (EE) |
| <input type="checkbox"/> Remove Grass/Weeds/Rubbish (UU) | <input type="checkbox"/> Preparation of Meals (BB) | <input type="checkbox"/> Heavy Cleaning* (GG) |
| | | <input type="checkbox"/> Light Cleaning (AA) |

***Item marked with (*) needs to have prior approval from IHSS before assigning.**

9. Desired hours per week: ☐ 10 hours or less/week ☐ 10-25 hours/week ☐ 25 hours or more/week

10. Are you willing to work "On Call"? ☐ Yes ☐ No
(Available to work within an hour of being called by a Public Authority representative)

11. Days and hours desired – Please ✓ check the days and times you are available:

- | | | | | | | | |
|-------------------------------|------------------------------|-------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|
| Mornings (6 a.m.–12 noon) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| Afternoons (1 p.m.–5 p.m.) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| Evenings (6 p.m.–12 midnight) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| Overnight (1 a.m.–6 a.m.) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |

12. Geographic Preference: (Please ✓ check the boxes for the areas you are most interested in working.)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> <u>Adelanto</u> | <input type="checkbox"/> <u>Colton</u> | <input type="checkbox"/> <u>Joshua Tree</u> | <input type="checkbox"/> <u>Rancho Cucamonga</u> |
| <input type="checkbox"/> El Mirage | <input type="checkbox"/> Bryn Mawr | <input type="checkbox"/> Yucca Valley | <input type="checkbox"/> Alta Loma |
| <input type="checkbox"/> Palmdale | <input type="checkbox"/> Grand Terrace | | <input type="checkbox"/> Etiwanda |
| <input type="checkbox"/> Cajon Junction | <input type="checkbox"/> Loma Linda | <input type="checkbox"/> <u>Lake Arrowhead</u> | <input type="checkbox"/> <u>Redlands</u> |
| <input type="checkbox"/> <u>Apple Valley</u> | <input type="checkbox"/> <u>Crestline</u> | <input type="checkbox"/> Arrowbear | <input type="checkbox"/> Mentone |
| <input type="checkbox"/> <u>Barstow</u> | <input type="checkbox"/> Cedar Pines Lake | <input type="checkbox"/> Cedar Glen | <input type="checkbox"/> Crafton |
| <input type="checkbox"/> Baker | <input type="checkbox"/> Lake Gregory Village | <input type="checkbox"/> Green Valley Lake | <input type="checkbox"/> <u>San Bernardino</u> |
| <input type="checkbox"/> Hinkley | <input type="checkbox"/> Twin Peaks | <input type="checkbox"/> Running Springs | <input type="checkbox"/> Highland |
| <input type="checkbox"/> Yermo | <input type="checkbox"/> Rimforest | <input type="checkbox"/> Blue Jay | <input type="checkbox"/> <u>Trona</u> |
| <input type="checkbox"/> Lenwood | <input type="checkbox"/> Valley of Enchantment | <input type="checkbox"/> <u>Landers</u> | <input type="checkbox"/> Kramer |
| <input type="checkbox"/> Fort Irwin | <input type="checkbox"/> Crestpark | <input type="checkbox"/> Johnson Valley | <input type="checkbox"/> Red Mountain |
| <input type="checkbox"/> <u>Big Bear City</u> | <input type="checkbox"/> <u>Devore</u> | <input type="checkbox"/> <u>Lucerne Valley</u> | <input type="checkbox"/> <u>Twentynine Palms</u> |
| <input type="checkbox"/> Sugarloaf Mountain | <input type="checkbox"/> Lytle Creek | <input type="checkbox"/> <u>Morongo Valley</u> | <input type="checkbox"/> Wonder Valley |
| <input type="checkbox"/> Fawnskin | <input type="checkbox"/> <u>Fontana</u> | <input type="checkbox"/> <u>Needles</u> | <input type="checkbox"/> <u>Upland</u> |
| <input type="checkbox"/> Big Bear Lake | <input type="checkbox"/> Bloomington | <input type="checkbox"/> Havasu Lake | <input type="checkbox"/> Mt. Baldy |
| <input type="checkbox"/> <u>Big River</u> | <input type="checkbox"/> Rialto | <input type="checkbox"/> <u>Newberry Springs</u> | <input type="checkbox"/> San Antonio Heights |
| <input type="checkbox"/> Earp | <input type="checkbox"/> <u>Forest Falls</u> | <input type="checkbox"/> Ludlow | <input type="checkbox"/> <u>Victorville</u> |
| <input type="checkbox"/> Parker Dam | <input type="checkbox"/> Angelus Oak | <input type="checkbox"/> Nipton | <input type="checkbox"/> Desert Knolls |
| <input type="checkbox"/> Vidal Junction | <input type="checkbox"/> Oak Glen | <input type="checkbox"/> <u>Ontario</u> | <input type="checkbox"/> Spring Valley Lake |
| <input type="checkbox"/> <u>Chino</u> | <input type="checkbox"/> <u>Helendale</u> | <input type="checkbox"/> Guasti | <input type="checkbox"/> <u>Wrightwood</u> |
| <input type="checkbox"/> Chino Hills | <input type="checkbox"/> Silver Lakes | <input type="checkbox"/> Montclair | <input type="checkbox"/> <u>Yucaipa</u> |
| <input type="checkbox"/> Pomona | <input type="checkbox"/> <u>Hesperia</u> | <input type="checkbox"/> <u>Phelan</u> | |
| | <input type="checkbox"/> Oak Hills | <input type="checkbox"/> Baldy Mesa | |
| | | <input type="checkbox"/> Pinon Hills | |

13. You will be scheduled for an Information Session to review your application and explain the Public Authority's application and referral process. Please answer the following questions:

OTHER RELEVANT INFORMATION:

- a. Do you smoke? ☐ Yes ☐ No
- b. If yes, will you smoke outside? ☐ Yes ☐ No
- c. Will you work for a smoker? ☐ Yes ☐ No
- d. Do you have any allergies and/or issues that would affect your ability to work with someone that has: ☐ Dogs ☐ Cats
☐ Perfume ☐ Cigarettes
☐ Other _____
- e. Are you willing to work for a client that has pets? ☐ Yes ☐ No

PROVIDER REFERENCES:

- f. Do you have access to a car? ☐ Yes ☐ No
- g. Do you rely on public transportation? ☐ Yes ☐ No
- h. Are you willing to use your car on the job? ☐ Yes ☐ No
- i. Are you willing to drive a client's car? ☐ Yes ☐ No
- j. Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No
If yes, list date(s) and conviction(s) _____
- k. Have you been fingerprinted for IHSS? ☐ Yes Date _____ ☐ No
- l. Did you clear the IHSS background check? ☐ Yes ☐ No

14. **TRAINING AND CERTIFICATION:**

Please check if you have had training in this area. (You must have proof such as a certificate.)

Certified Training:

Completed

Exp. Date

First Aid

CPR (cardiopulmonary resuscitation)

CHH (certified home health aide)

CNA (certified nursing assistant)

Are you interested in Home Care Training? ☐ Yes ☐ No

15. The IHSS Client is the Employer.

The Public Authority Registry is here to assist IHSS clients in selecting potential providers.

We supply clients with names of pre-screened providers who are available to work.

Do you understand that the Registry does not have or make job offers for the clients? ☐ Yes ☐ No

Do you understand that the IHSS client is the employer and makes the decision to hire

or to terminate a provider's employment, as they desire for any reason? ☐ Yes ☐ No

Do you understand that an IHSS client may request that you do not smoke, wear perfumes

or may make reasonable requests in regards to your personal appearance/hygiene? ☐ Yes ☐ No

16. How did you hear about the Public Authority?

☐ IHSS Orientation

☐ Job Fair

☐ Newspaper

☐ Mailer

☐ Flyer

☐ Friend

☐ Other _____

I certify that all information on this form is true to the best of my knowledge. I understand that any misrepresentation of information on this form may eliminate me from consideration in the registry. I give the IHSS Public Authority Registry permission to share my contact information in my file with its clients.

Signature _____ Date _____



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RELEASE OF INFORMATION/WAIVER FORM

To Whom It May Concern:

I, **(Print Name)** _____ hereby authorize any representative of the San Bernardino county IHSS Public Authority bearing this release (or a copy of it) to contact any and all references on my application, including personal references, and obtain any information you may have, written or otherwise pertaining to my employment, or personal history, including but not limited to, any and all records and information pertaining to my performance, attendance, investigation, discipline and other personnel matters, criminal history and other personal history. I hereby request and authorize you to release any and all such information to the Public Authority. I also authorize the Public Authority to release any such information to third parties in the course of its operations.

I have listed below all names that I have used during the course of my employment. This authorization and release applies to any and all information that you may have concerning me using any of those names I have listed below.

This authorization and release is executed with full knowledge and understanding that the information to be released is for the official use of the San Bernardino County IHSS Public Authority.

I hereby release and hold harmless the **Public Authority** and **you**, and each of you, and your respective officers, agents, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, successors, assigns, or associates because of your compliance with this authorization and request to release information, or any attempt to comply with it, and/or because of the Public Authority's use of such information for any purpose related to its operations.

Should there be any questions as to the validity of this authorization and release, you may contact me.

Signature

Date